

**SETTLEMENT PROPOSAL FOR:
SALES AND USE TAX AND SPECIAL TAXES AND FEE CASES**

Taxpayer/Feepayer: _____

Account No(s): _____

I request that the tax or fee amount in question for the above account(s) established on

_____ for the
(DATE OF NOTICE, BILLING OR REFUND CLAIM)period(s) _____ through _____ be considered
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

for settlement as follows:

Proposed Settlement Amount \$ _____

I believe this settlement offer is reasonable because:

I understand that all settlement offers are subject to review and that only those considered reasonable by the Board of Equalization's Settlement Section staff will be submitted to the Board of Equalization's executive management for approval.

Date: _____

Address: _____

FIRM NAME

**By _____

SIGNATURE

TITLE

DAYTIME TELEPHONE NUMBER

NOTE:

The settlement program does not currently apply to motor vehicle fuel license tax disputes or to insurance tax disputes. Also, with the exception of disputes pertaining to the Childhood Lead Poisoning Prevention Fee and the Occupational Lead Poisoning Prevention Fee, disputes involving the Hazardous Substances Tax Law are administered by the Department of Toxic Substances Control.

** The person signing this form, if not a corporate officer, partner or owner, certifies under penalty of perjury that he or she holds a power of attorney to execute this document, as evidenced by the attached "Power of Attorney" form.